

Declaration and Power of Attorney for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Method of Connecting A Multiplicity of Optical Elements to a Basic Body.**

(Attorney Docket No. LO25-003), the specification of which

(check [X] is attached hereto.
one)

[] was filed, with my authority, on _____
as Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

And I hereby appoint DAVID P. ROBERTS, Reg. No. 23,032; RANDY A. GREGORY, Reg. No. 30,386; JAMES L. PRICE, Reg. No. 27,376; MARK S. MATKIN, Reg. No. 32,268; DEEPAK MALHOTRA, Reg. No. 33,560; MARK W. HENDRICKSEN, Reg. No. 32,356; DAVID G. LATWESEN; Reg. No. 38,533; GEORGE G. GRIGEL, Reg. No. 31,166; KEITH D. GRZELAK, Reg. No. 37,144; JAMES D. SHAURETTE, Reg. No. 39,833; FREDERICK M. FLIEGEL, Reg. No. 36,138; DONALD B. KENADY, Reg. No. 40,045; JAMES E. LAKE, Reg. No. 44,854; and BERNARD BERMAN, Reg. No. 37,279; all of Wells, St. John, Roberts, Gregory & Matkin, P.S.; 601 West First Avenue, Suite 1300, Spokane, Washington 99201-3828, Telephone (509) 624-4276, and each or any of them, my attorneys or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

ADDRESS ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION TO:

George G. Grigel
WELLS, ST. JOHN, ROBERTS,
GREGORY & MATKIN, P.S.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828

the application on which priority is claimed.			Priority <u>Claimed</u>	
<u>100 30 495.8</u>	<u>Germany</u>	<u>June 21, 2000</u>	<u>Yes</u>	No
(Number)	(Country)	(Filing Date)		
<u> </u>	<u> </u>	<u> </u>	Yes	No
(Number)	(Country)	(Filing Date)		

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

/	
(Provisional Application No.)	(Filing Date)
/	
(Provisional Application No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, or abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, or abandoned)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned to this Declaration and Power of Attorney hereby authorizes the U.S. attorneys named herein to accept and follow instructions from Lorenz & Kollegen

Fasanenstrasse 7, D-89522 Heidenheim, Germany

[Firm Name and Address]

as to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.

Full name of sole or first joint inventor Frank MELZER

Inventor's signature _____ Date _____

Residence Germany

Citizenship German

Post Office Address Noerdlinger Str. 27, D-73469 Utzmemmingen, Germany

Full name of second joint inventor, if any Ulrich BINGEL

Second Inventor's signature _____ Date _____

Residence Germany

Citizenship German

Post Office Address Hirtenteichstr. 3, D-73457 Lauterburg, Germany

Full name of third joint inventor, if any _____

Third Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Table 1. Demographic characteristics of the study population	
Age (years)	Mean (SD)
Male	55.2 (10.5)
Female	56.8 (11.2)
Marital status	
Married	78.5%
Single	12.3%
Divorced	8.7%
Widowed	1.5%
Education level	
High school or above	65.2%
Below high school	34.8%
Occupation	
White collar	45.1%
Blue collar	32.4%
Unemployed	18.7%
Retired	3.8%
Income (USD/month)	
< 1000	22.5%
1000-2000	35.7%
2000-3000	28.9%
> 3000	12.9%
Health insurance	
Yes	89.1%
No	10.9%
Smoking status	
Current smoker	15.3%
Former smoker	28.7%
Non-smoker	56.0%
Alcohol consumption	
Regular	8.2%
Occasional	21.5%
Never	70.3%
Family size	
1-2	35.4%
3-4	42.1%
5 or more	22.5%
Chronic diseases	
Hypertension	38.7%
Diabetes	12.5%
Heart disease	18.9%
Stroke	5.2%
Arthritis	25.1%
Chronic kidney disease	3.8%
Chronic liver disease	1.5%
Chronic respiratory disease	7.3%
Chronic pain	14.6%
Depression	9.8%
Anxiety	11.2%
Other	2.4%

Date _____

Post Office Address _____

Full name of fifth joint inventor, if any _____

Date _____

Post Office Address _____

Full name of sixth joint inventor, if any _____

Date _____

Post Office Address _____